



ELK COUNTY CATHOLIC SCHOOL SYSTEM

CRUSADER 1ST & 10 FOOTBALL CLINIC

Grades K-6th

Starting 9/9/23
ECCHS Football Field





CRUSADER 1ST & 10 FOOTBALL CLINIC

Non-Contact Clinic: Learn and improve fundamental football skills: throwing, catching, kicking, etc. Kids will learn and try football positions while learning about the game, understand how to work as a team, and, most importantly, have fun!

Who: Any boy or girl in public or private school currently in grades K-6th

When: 9/9/23 (10-11 am), 9/12/23 (6-7 pm), 9/14/23 (6-7 pm), 9/19/23 (6-7 pm), 9/21/23 (6-7 pm). **1st & 10 Night, Friday, September 22nd, during the ECC vs. Otto Eldred home football game. Participants should meet under the pavilion at Dutch Country Stadium by 6:30 pm in their 1st & 10 t-shirts. Kids will line the field as the Varsity players take the field.**

Where: ECCHS football field located on Lewis St. Ext.

Who organizes the clinic: The Crusader Varsity coaching staff, volunteers, and Crusader players. All participants will be under adult supervision throughout the entire clinic.

What happens if there is severe weather on the day of a session? Please listen to the local radio stations, ECCSS Facebook page, ECCSS Instagram page, and ECCSS website: www.eccss.org.

Cost: \$20 per student or \$30 per family. Each participant will receive a Crusader Football T-Shirt. Additional T-Shirts are available for \$10/each.

How can I sign up? Fill out the form below and return it with the fee to ECCHS by **9/8/23** for a t-shirt or return at the 1st session. Keep the top portion for clinic dates. *Checks payable to ECCSS Athletic Association (memo: football clinic).*

ECCSS

Attn. Jessica Fritz

600 Maurus Street | Saint Marys, PA 15857

Questions contact: JC Fritz 814-389-5789

Student First Name: _____ Last Name: _____

Grade: _____ School: _____ Parent cell: _____

Please circle a shirt size: YS YM YL YXL AS AM AL AXL AXXL

Please enroll _____ in the "1st & 10" clinic". My child meets all the physical standards and I understand that Elk County Catholic School will not assume any responsibilities for accidental injury, medical, dental, or other expenses incurred during his/her attendance at the "1st & 10 clinic". I hereby authorize the directors of the "1st & 10 clinic" to act for me according to their best judgement in any emergency requiring medical attention.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____